

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK (UST) SECTION**

RELEASE REPORTING FORM

DATE RELEASE(S) DISCOVERED:
DATE RELEASE(S) REPORTED:

UST HOTLINE (602) 771-4364
FACSIMILE (602) 771-2302

PERSON REPORTING:
AFFILIATION:
ADDRESS:
PHONE:

FACILITY:
ADDRESS:
CITY:
CONTACT:
PHONE:

ZIP:

COUNTY:

FACILITY ID #0-00

(FOR ADEQ USE ONLY)	SUSPECTED OR CONFIRMED RELEASE	RELEASE LOCATION (Include UST capacity & product type)	RELEASE EVIDENCE

UST OWNER/OPERATOR:
ADDRESS:
CONTACT NAME:

OPERTOR ID: _____ OWNER ID:
TELEPHONE:

PROPERTY OWNER
ADDRESS:
CONTACT NAME:

TELEPHONE:

INITIAL RESPONSE ACTIONS TAKEN WITHIN 24 HOURS:

Further releases of the regulated substances prevented? yes / no / NA
Fire, explosion, and vapor hazards identified and mitigated? yes / no / NA
Other actions taken? yes / no (If YES, please describe and include as attachment to this form)

MAP: show facility and approximate location of suspected and/or confirmed release(s)

NORTH

WEST

EAST

SOUTH

(not to scale)

Aug 20, 02